HUMAN RESOURCES POLICY Fauquier County, Virginia

Policy Title: Workers' Compensation Effective Date: DRAFT05/17/04

Section No.: 4-A36 Supersedes Policy:

09/04/90

I. PURPOSE:

It is the objective of the Board of Supervisors that all County employees receive benefits provided by the Virginia Workers' Compensation Act upon suffering a work-related injury or illness (occupational disease).

The purpose of this policy is to define procedures relative to reporting of job-related injuries and illnesses to explain the management of Workers' Compensation.

II. SCOPE:

In the event an employee sustains an injury or suspects he/she has contracted a job related illness, the employee shall report it immediately to his/her supervisor/<u>principal</u>, regardless of how minor it may appear. This will enable the County/<u>School</u> to secure proper medical treatment for the injured employee and minimize the severity of the problem.

This policy applies to all employees.

III. DEFINITIONS

A. Injury

An injury is defined as an accident arising out of and in the course of employment.

B Occupational Disease

An occupational disease is defined as a disease arising out of and in the course of employment, but, unless otherwise provided by the Virginia Workers' Compensation Act, not an ordinary disease of life to which the general public is exposed outside of employment.

C. Workers' Compensation

Workers' Compensation is defined as a type of leave from employment which results from an employee's incapacity to work, and which has been determined to have resulted from an injury or occupational disease such that the employee is entitled to benefits required by the Virginia Workers' Compensation Act.÷

Title 65.1 of the Code of Virginia requires the County/School to provide Workers' Compensation coverage for employees who sustain job related injuries by accident or who develop illnesses caused by their employment. Contact the Personnel Department for specific insurance carrier information.

IV. ELIGIBILITY:

All permanent and temporary, full-time, part-time and seasonal employees on the County/School payroll are eligible to receive Workers' Compensation benefits should they suffer a job-related injury/illness.

PROCEDURESPOLICY:

	Employees
	Employee responsibilities are as follows:
	a. Report any job related injury or illness to the supervisor immediately and complete the required forms.
	b. If medical treatment is needed, select a physician from the County approved list of designated physicians. In the event of an emergency requiring immediate medical treatment employees should obtain treatment at the nearest medical facility.
	c. Notify the physician selected that all reports and bills are to be sent to the attention of the Human Resources Department.
	d. Cooperate with the insurance carrier's claims adjuster during the investigation of the claim.
	e. Cooperate with the insurance carrier's claims adjuster during the continued handling of the claim, including supplying additional information as necessary and keeping appointments for scheduled medical evaluations.
	f. Keep the department supervisor advised of disability status while out on injury leave.
	g. Cooperate with the Patient Advocate and return to work efforts.
<u>2.</u>	Departments

	a. Ensure all employees within the department are aware of procedures, changes, and regulations regarding Workers' Compensation.
_	b. Submit required and completed forms to the Human Resources Department.
_	c. Forward all medical bills or other correspondence received from an employee, physician, or medical care facility to the Human Resources Department.
	d. Notify the Human Resources Department immediately when an employee is able to return to work either in a light duty or full duty capacity.
	e. Upon receipt of the completed Quick-Fax Report (Section D) by the Human Resources Department, notify the employee of the date time, and capacity (regular or light duty) of return to work.
	f. Cooperate with the insurance carrier during investigation of claims and assist in back-to-work, light duty and vocational rehabilitation programs.
<u>3.</u>	Human Resources A. Department of Personnel
are of Personnel shall	The responsibilities of the Human Resources Department responsibilities be as follows:
Claims	1aDevelop and & manage the County Workers' Compensation program.

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<u>b</u> 2	Maintain records of all Workers' C to the claims service company.	Compensation claims sent
<u>c</u> 3.	Monitor the progress of all Worken handled by specific insurance com- necessary, provide status reports to	panies, and, where
₫4. claims	Assist County departments/School	s with Workers' Compensation
	processing and coordinationen of to return to light, restrictive, or regular	- ·
<u>e</u> 5.	Answer questions and respond to in Workers' Compensation claims.	nquiries regarding
<u>f</u> 6.	Review and approve for payment a or disability claims.	all bills related to medical
g 7 .	Coordinate the defense of conteste specific insurance carriers.	d claims with the
B. <u>Departments/Schools</u>		
The responsibilities	es of each Department shall be as follow	ws:
	within the department/school are aware ons regarding Workers' Compensation.	e of any and all procedures,
2. Submit the required & attached and as follow	c completed forms to the Department of vs:	Fersonnel. The forms are
Section A	e within 24 hours of an accident to the I Employee's Supervisor completes this Employee's Signature	
Section C: by the treating physic	After Medical Care has been provided, ian. Employee then returns the comple and the Supervisor/Principal returns it to	ted form to the
<u> </u>	e <mark>t Report of Accident Form</mark> must be se	ent to the Department of

• The <u>Supervisor's Investigation Report</u> should be completed after the employee has been injured. The Supervisor's Investigation Report is designed to aid in the accident investigation process and to assist loss control in preventing similar accidents in the future. Please review this with your employee and, along with your First Report of Accident, submit to the Department of Personnel.

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•	— The <u>Physical Capabilities Form</u> s is required.	should be completed by the phy	ysician if medical attention
•	The <u>Supplementary Report</u> shou work or has a change in his/her enform be filled out immediately upon Personnel.	ployment with the County/Sch	<u>ool</u> . It is important that this
•	The Physicians' Panel of Consensition shown the listing of the Panel of P		e employee after he/she is
3.	Forward all medical bills or other of medical care facility to the Department		an employee, physician, or
4.	Notify the Department of Personne either in a light duty or full duty ea		yee is able to return to work
5.	Upon receipt of the completed Qui by the Department of Personnel, the time to return to work and in what	ne Supervisor<u>/Principal</u> may no	tify employee of date and
6.	When the employee returns to wor Department of Personnel.	k, submit the completed Suppl	ementary Report from to the
	Cooperate with the individual insuback to work, light duty and vocate Supervisors	rance carriers during investigational rehabilitation programs.	tion of claims, and assist in
1.	For minor injuries: a. Provide first aid b. Complete Section A of Quice c. Have employee read and sig d. Forward completed Quick-F	n Section B	nnel.
_	For moderate and severe injuries: a. Provide first-aid b. Secure the accident scene c. Call ahead to medical provid d. Accompany employee to medical complete Section A of Quick	lical provider	

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	licy Title: Section No.:
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	f. Have employee read and sign Section B
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inj	g. Accompany employee home, if he/she cannot return to work due to the ury, apply restrictions if appropriate
3.	Complete the First Report of Accident form and submit to the Department Head/Principal for review.
4.	Maintain contact with injured employee during his/her disability. This will provide supervisors/principal with information regarding the employee's progress and will also serve to reassure the employee that they are valued employees.
5.	Notify Department Head/ <u>Principal</u> when an injured employee returns to work by completing the Supplementary Report form.
6.	Cooperate with the individual insurance carriers claims adjuster during investigation of all claims and in implementing back to work or light duty programs.
7.	Notify Department Head/ <u>Principal</u> immediately of any accidents resulting in catastrophic injuries or death.
Đ.	Employees:
_	The responsibilities of each Employee shall be as follows:
1.	Report any job related injury or illness to the supervisor immediately and complete the required forms.
2.	Read and sign Section B on the Quick-Fax form and return it to the supervisor immediately. Forms can be obtained from the Department of Personnel.
3.	If medical treatment is needed, select a physician from the County/ <u>School</u> approved list of designated physicians. In the event of an emergency, requiring immediate medical treatment, employees should obtain treatment at the nearest medical facility. Any continuing medical treatment should be obtained from the Fauquier County/ <u>Schools</u> approved panel of

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physicia of benef	ns. Failure to secure treatment from an authorized physician co its.	uld result in a denial
	ne physician selected that all reports and bills are to be sent to that the artment of Personnel.	ne attention of
investige statemer	tte with the claims adjuster from the individual insurance carrier ation of the claim. Initial investigation may include giving a recont concerning the incident. Failure to cooperate could cause a deensability and payment of medical bills.	corded or written
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handling	te with the individual insurance carriers claims adjuster during to of the claim, including supplying additional information as necessary to see the claim, including supplying additional information as necessary to see the claim, including supplying additional information as necessary to see the claim, including supplying additional information as necessary to see the claim, including supplying additional information as necessary to see the claims adjuster during the claims adjusted the claims	
7. Keep de	partment supervisor/principal advised of disability status while	out on injury leave.
8. Coopera	te with the Patient Advocate and return to work efforts.	
<u>B.</u>	H. County Designated Physicians OUNTY DESIGNATED I	PHYSICIANS
	1. Section 65.1-88 of the <u>Virginia</u> Workers' Compensat injured employees chose a physician from a panel sel er.	•
	 EThemployer se authorized physicians and medical to must be used at all times by employees receiving treatment injury/illness. 	
	3. Exception to employer authorized physicians and me facilities these may be made in the case of an emerge immediate medical treatment that occurs outside of normal work	ncy requiring
	4. Failure to secure treatment from an authorized physic denial of benefits.	cian could result in a

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<u>C. III.</u> Physicians HYSICL	insurance carriers prior to treatment. Second ECOND Opinions PINIONS and AND Char	
by 2.	Ereceiving medical treatment for a compensable injumay request a second medical opinions or a characteristic contacting the individual insurance carriers and If an employee obtains a second medical opinion physician not on the County's School's Panel the individual insurance carriers, the employee cost of such treatment.	ange in treating physician drequesting prior approval. On or seeks treatment from a without prior approval of
D. IV. Benefits (County)	USE OF INJURY/ILLNESS IN LINE OF D	OUTY LEAVESalary/Wage
<u>1.</u>	In accordance with Section 65.2-509 of the Codamended, no compensation shall be allowed for days (including Saturday, Sunday and holidays from a job related injury or illness.	r the first seven (7) calendar
<u>2.</u>	During this seven (7) day period, the employee sick, or compensatory leave. If the employee dannual, sick or compensatory leave balances, the leave through the Leave Donation Program. It balance and receives no leave through the Leave employee will be placed in a leave without pay period.	loes not have sufficient ne employee may request f the employee has no leave ve Donation Program, the
3.	If the incapacity extends beyond the initial seventh of the compensation benefits (compensation) shall compensation benefits (compensation) shall compensation of the compensation of the compensation shall be allowed from the compensation shall be allowed from the compensation of the co	ommence with the eighth nues for a period of more s, not including the day of

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	4. Workers' Compensation benefits are provided at the ra	ate of two-thirds
	(2/3) of the average weekly, pre-tax wage of the emplo	
	weekly maximums as approved by the Virginia Worke	ers' Compensation
	Commission. This amount is not subject to payroll tax	
	<u>5.</u>	
	Any employee who receives a workers compensation award for	o r temporary total
	disability due to a work related illness or injury shall be paid i	n accordance with
	the award. The workers compensation act provides for payme	ent of 66 2/3 of an
	employee's average weekly wage during periods of total disab	pility. Employees
	may supplement the workers' compensation benefit by one-	
	third (1/3) using accrued with sufficient annual, or sic	k <u>or compensatory</u>
	<u>leave</u> may supplement th <u>If</u> the	
	employee does not have sufficient annual, sick or com	•
	supplement the workers' compensation benefit, the em	ployee may request
	leave through the Leave Donation Program.	
	<u>is</u>	
	6. payment in accordance with the terms of this policy. I	
	165.2-509 of the Code of Virginia, 1950, as amended, no comp	•
	d for the first seven (7) calendar days of incapacity resulting from	
	ncapacity extends beyond that period compensation shall comm	
	day of disability. If, however, such incapacity shall continue for	
	venty one (21) consecutive calendar days, not including the day	
	nsation shall be allowed from the first day of such incapacity.	<u>Overpayments</u>
resultir	ng from wages paid for part or all of a pay period	
	shall be recouped by the Payroll Department by:	
	a. adjusting leave balances;	
	b. adjusting future leave payments;	
	c. adjusting future pay; or	
	d. billing for repayment, whichever is appropriate	
£	The length of incapacity shall not exceed 365 accumulate of the initial illness or injury. A wealting day is defined	
	the date of the initial illness or injury. A working day is defined	as the employee's
normal	length of day not to include overtime.	
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During those periods when workers' compensation is not provided, pay, if any, must be charged to the employee's accrued sick leave. Employees are advised to maintain a sufficient sick leave balance to avoid leave without pay during the seven (7) calendar day waiting period. An employee who has maintained a sufficient leave balance may have the option of keeping the check from the insurance carrier and being charged 1/3 of his/her sick leave for each day of incapacity, or remitting the check to the County and have 66 2/3 percent of sick leave restored (supplement the 66 2/3 compensation from the insurance carrier). By using 1/3 day of sick leave for each day of incapacity, the employee may receive payments up to his/her annual average salary. Compensatory, then annual leave, may be used if an employee's sick leave is exhausted.

E. Return to Work

- 1. An injured employee must return to work as soon as he/she is released for regular, restrictive, or light duty by the treating physician.
- 2. A Functional Capacities Form must be completed by the treating physician and submitted to the Human Resources Department prior to the employee returning to regular, restrictive or light duty.
- 3. If the return to work is restrictive or light duty, then the Human Resources

 Department shall submit to the attending physician a copy of the proposed light duty job description for approval.
- 4. The employee shall not be permitted to perform light duty unless approved by the attending physician.
- 5. Employees on light duty assignment may return to their regular duties upon receipt of a Functional Capacities Form signed by the employee's attending physician attesting to the employee's physical and mental fitness to resume regular duties.

F. Light Duty Assignment

1. Whenever an injured or ill employee is temporarily unable to return to his/her regular duty, but is considered medically fit to perform less

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	stronuous tasks, offorts shall be made by the Huma	n Dagauraag
	strenuous tasks, efforts shall be made by the Huma Department in consultation with the employee's de	
	designee to find a light duty assignment for that em	_
	2. Such an assignment may not necessarily be in the e	
	department.	<u>anproyee bregarar</u>
	3. Fitness for light duty assignment shall be coordinat	ed with the treating
	physician and shall be such that accommodates ide	ntified restrictions.
	4. During the period of light duty assignment, no emp	
	permitted to work more than their normal working	<u>hours.</u>
		1 4 :
	5. A light duty assignment shall not be made in any ca	•
	possibility of full recovery. Proper medical certific	ation shall be utilized
	in arriving at this decision.	
release policy Persor next p superv (21) co schedu until th	_If the employee desires to use accrued hours, the supervise e form (sample attached) indicating the desire of the employ guidelines. The completed release form must be forwarded anel, within three (3) days. The hours indicated will be added ayroll check. If the employee is absent beyond twenty one exisor must inquire of them their desire to use accrued hours. The alendar day of absence, the supervisor may input into the entitle (if applicable) the three (3) hours of leave use each day. The employee has utilized all accruals, returned to work or is yee. Family and Medical Leave Act (FMLA)	ee as permitted within I to the Department of ed to the employee's (21) calendar days, the After the twenty first aployee's work This should continue no longer an active
	1. Injuries or illnesses approved by workers' compens the eligibility for FMLA.	sation generally meet
	2. An absence due to workers' compensation will be demployee's annual 12-week entitlement to FMLA lemployee meets the definition of eligibility as listed of Regulation 4835, Family Medical Leave.	benefits, providing the
<u>H.</u>	One-Year Limitation	
	1. Employees who have not returned to work within o	one calendar year after
	a compensable work-related illness or injury shall be	
	without pay status or terminated.	

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2	. Employees may apply for disability retirement if they meet	the elicibility
<u>Z</u>	 Employees may apply for disability retirement if they meet requirements established by the Virginia Retirement System 	
_	requirements established by the virginia Retirement System	<u>u.</u>
IV. USE OF IN	JURY/ILLNESS IN LINE OF DUTY LEAVE (School's)	
	yee is absent from work as a result of personal injury or assault ar	
	e of, his/her employment, no part of such absence will be charged	
	nal leave. He/she will be paid full salary for the period of eligibil	
	Compensation Act (WCA) up to 26 weeks; on condition that insu	
	from WCA insurance by employee for the loss shall be submitted	forthwith to
the School Board	d.	
V LIGE	HT DUTY ASSIGNMENT	
V. LIGI	TI DOTT ABSTORMENT	
_	A. Any employee who becomes unable to perform his regu	ı lar dutv as a
result of	a job-related injury/illness shall be placed on Workers' Compensa	
	tely. Such an employee shall remain off the job until he/she is de	
medically	y fit to return to his/her regular duty; however, benefits shall not b	egin until after
the first s	seven consecutive days of incapacity.	
-	B. Whenever an injured or ill employee is temporarily una	
	is/her regular duty, but is considered medically fit to perform less	
	asks, efforts shall be made by the Department of Consolidated Per	
	onsultation with the employee's head of department to find a light	
al	ssignment for that employee. Such an assignment may not necess	sarily be in the
e i	mployee's regular department.	
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	ss for light duty assignment shall be coordinated with the treating	physician and
shall be such tha	at accommodates the restrictions identified.	
D. N.		1
D. No el	mployee shall be permitted to work more than their normal working	ng nours.
	E. A light duty assignment shall not be made in any	z case where
	there is no possibility of full recovery. Proper medical cert	
	be utilized in arriving at this decision.	mounon shan
	co annote in air, ing at time accision.	

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VI. RETURN TO WORK An injured employee must return to work as soon as he/she is released for regular, restrictive, or light duty by the treating physician. A Functional Capacities Form must be completed by the treating physician and submitted to the Department of Personnel prior to the employee returning to regular, restrictive or light duty. If the return to work is restrictive or light duty, then the Department of Personnel shall submit to the attending physician a copy of the proposed light duty job description for approval. The employee shall not be permitted to perform light duty unless approved by the attending physician. The employee who returns to light duty shall be monitored closely by a supervisor. Employees on light duty assignment can return to their regular duties upon receipt of a Functional Capacities Form signed by the employee's attending physician attesting to the employee's physical and mental fitness to resume regular duties. IVII. INJURIES NOT COVERED BY WORKERS' COMPENSATION Workers' Compensation benefits usually do not cover injuries resulting from traveling and/or walking to or from work, unpaid lunch periods, sports, horseplay, or any other activities not authorized or required by the employee's job duties. VIII. Claim LAIM DenialsENIALS: 1. Leave Time aIf a claim is denied, the employee shall be charged sick leave for all work time for which the employee was absent. bCompensatory H-eave, annual leave, or leave without pay shall be used if sick leave is exhausted. c If the employee has no accumulated leave, the Human Resources Department of Personnel-shall make arrangements with the			Page 14 of
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Capacities Form must be completed by the treating physician and submitted to the Department of Personnel prior to the employee returning to regular, restrictive or light duty. ———————————————————————————————————			
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 1. Leave Time a. ——If a claim is denied, the employee shall be charged sick leave for all work time for which the employee was absent. b. Compensatory <u>IL</u>eave, annual leave, or leave without pay shall be used if sick leave is exhausted. c. If the employee has no accumulated leave, the <u>Human Resources</u> Department of <u>Personnel</u>-shall make arrangements with the 	activities not author	ized or required by the employee's job du	ities.
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CHIDIOYEE LO TEDAY AITY COHIDENSALIOH AUVAHCEU.		employee to repay any compensation a	_

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Employee Re		- Tuge 7 01 7
	2. Letter of Denial	
	a. Except in certain cases, Workers' Compensa	tion law states
that, in order	to be eligible for Workers' Compensation benefits, an employee must	
	r job-related illness was caused by their employment. If an employed	
letter of		
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denial from t	he individual insurance	
	carriers, there are two courses of action that may be	pursued:
	<u>a1.A.</u> Forward the letter along with the pro	•
	the <u>employee's</u> health insurance carrier. In the all health in surance will now medical expressed to	
	health insurers will pay medical expenses de Workers' Compensation carriers.	enied by
	workers Compensation carriers.	
	<u>a2.</u> File a request for a hearing with the Indu	strial
Commission		
	of Virginia. The commission's address will	be <u>provided</u>
given in	the letter of denial.	
	the letter of demai.	
J.	IX. Workers' ORKERS' Compensation OMPENSATION Appeals	PPEAL
	1. ——An employee has the right to appeal denial of worker	ers'
	compensation	
	coverage to the Virginia Workers' Compensation Commiss	10n.
	2. Forms for this purpose are available in the Human Resource	es Department
	of Personnel.	<u>oo</u> Dopartment
	If, upon final appeal, the claim is deemed compensable, le	ave shall be
	restored.	
17		
<u>K.</u>	Limitations and Exclusions	
	1. Workers' compensation benefits do not cover injuries incur	red while
	traveling to and from work or during activities not required	

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	employee's position or work assignment.			
	 Not all injuries that occur during work hours are compensable under the definitions provided by the Virginia Workers' Compensation Committee 			
	3. An employee receiving workers' compensation wages is engaging in activities that may impair his or her recovery strenuous recreational or other physical activities, includi without approval of the authorized treating physician and the third-party administrator.	y impair his or her recovery, such as or physical activities, including vacations,		
	4. Failure to report such activities may affect benefits from	workers'		

compensation.